

# REQUIREMENTS AND INSTRUCTIONS FOR FILING - PHARMACY INTERN PERMIT

Access this form via website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

## APPLICATION FORM AND FEE

Type or print legibly in dark ink. Complete all items. **Attach** the \$10 registration fee (non-refundable) made payable to: COMMERCE AND CONSUMER AFFAIRS.

You may submit the application form (with fee) prior to actually completing your first year of pharmacy school. **However, the effective date of your permit will be the date you successfully completed your first year of pharmacy school (verified in writing by your school).**

## EDUCATION

Student or graduate of a pharmacy school accredited by the American Council of Pharmaceutical Education, **submit one of the following:**

1. If you are a student, have your pharmacy school registrar or dean send **directly** to the Board a letter stating that you are presently enrolled and have successfully completed at least the first year of pharmacy school (must state date that applicant completed first year); you may attach the school's letter to your application provided that the letter is enclosed in a sealed and unopened envelope;  

OR
2. If you are a graduate, have your pharmacy school send **directly** to the Board a certified copy of your official transcript showing graduation date and degree conferred (you may attach the official transcript to your application, provided that your transcript is enclosed in a sealed and unopened envelope).

## FOREIGN EDUCATED

Must be a pharmacy school graduate. **Attach** copies of the following to your application form:

1. Foreign Pharmacy Graduate Equivalency Examination (FPGEE), (minimum passing score as established by NABP), **and**
2. Test of English as a Foreign Language (TOEFL), (minimum passing score is 550), **and**
3. Test of Spoken English (TSE); if you did not sit for this exam as part of NABP's Foreign Pharmacy Graduate Examination Certificate (FPGEC) program, have Educational Testing Service send verification of your score directly to the Board (minimum passing score is 50).

Passing scores for the above examinations are those established by the National Association of Boards of Pharmacy ("NABP").

**Applicants are to make their own arrangements to sit for the FPGEE, TOEFL and TSE.**

For FPGEE contact: Foreign Pharmacy Graduate Examination Commission  
700 Busse Highway Phone: (847) 698-6227  
Parkridge, IL 60068-2402 [www.nabp.org](http://www.nabp.org)

For TSE and TOEFL, contact: Educational Testing Service Phone: (609) 771-7100  
P.O. Box 6151 [www.ets.org](http://www.ets.org)  
Princeton, NJ 08541-6151

Note: The Board will ask the NABP to authenticate your FPGEC.

## REPORT OF HOURS WORKED

**Submit** "Experience Statements" forms periodically to the Board. **Keep a copy for your own files.** You will be charged copying fees when you request copies, **and** you will need to wait several weeks for these copies later on.

## BOARD'S ADDRESS

Mail all required items to:	Board of Pharmacy DCCA, PVL Lic Br. P.O. Box 3469 Honolulu HI 96801	<b>or</b>	Deliver to office location: 1010 Richards St., 1st Floor Honolulu HI 96813 Phone: (808) 586-3000
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## REQUEST FOR VERIFICATION OF INTERN HOURS

Requests for verification of your intern hours that are submitted and are on file with the Board of Pharmacy, must be made in writing. For each request, submit a verification fee of \$15.00. Make check payable to: DCCA. Allow 4 weeks for processing.

## ABANDONMENT OF APPLICATION

Your application may be considered abandoned and may be destroyed, if, after 2 years, you fail to provide the Board evidence of your efforts to complete the licensure process as a pharmacist.

# APPLICATION FOR PHARMACY INTERN PERMIT

		Date Effective	Registration No.
Legal Name (First-Middle)	(Last)	Date Sent	
Mailing Address (Include apt. no., city, state & zip code)			
Social Security No.	Phone No. (Daytime)		
Indicate your status:         (    ) PHARMACIST STUDENT         (    ) PHARMACIST GRADUATE			

Circle Answers:

- Are you at least 18 years of age?
- Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States?.....YES NO
- Are you a graduate of an accredited school or college of pharmacy?.....YES NO
- Are you currently enrolled in an accredited school or college of pharmacy?.....YES NO
- Have you successfully completed at least ONE (1) YEAR of pharmacy school? .....YES NO
- Give information regarding the accredited school or college of pharmacy you are a graduate of or presently enrolled at:  
 Name of Institution \_\_\_\_\_  
 Location (City/State/County) \_\_\_\_\_  
 Dates of Attendance \_\_\_\_\_
- List all pharmacists and pharmacies in Hawaii who will be supervising your work.  
 (You may submit this information later when you secure definite worksites. Attach additional sheets, if needed):

NAME OF LICENSED PHARMACIST, LICENSE NO., AND LICENSE EXPIRATION DATE	NAME AND ADDRESS OF PHARMACY, LICENSE NO., AND LICENSE EXPIRATION DATE
a)	a)
b)	b)
c)	c)

## AFFIDAVIT OF APPLICANT:

I hereby certify that the answers and statements contained in this application are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of registration (Section 710-1017, Hawaii Revised Statutes).

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

## **STATEMENT OF PRACTICAL EXPERIENCE - PHARMACY INTERN**

Access this form via website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

**NOTICE:** DO NOT USE THIS FORM if your hours were earned outside the State of Hawaii. (See item 2 below for instructions.)

### Instructions & Information:

1. An applicant for initial pharmacist license must submit this statement of practical experience to the Board of Pharmacy for approval.
  - a. Part I is to be completed and signed by both the applicant and the Supervising Pharmacist.
  - b. Part II is reserved for the Board's use only.
  - c. Use typewriter if available or print legibly in black ink except for signature.
  - d. Have two copies of this form completed; submit original to Board's office and retain copy for your file. A fee will be charged when you later request copies and verification, with a processing time of approximately 6 weeks.

e. Mailing address: Board of Pharmacy  
DCCA, PVL, Licensing Br.  
P.O. Box 3469  
Honolulu, HI 96801

Office location:  
1010 Richards St.  
Honolulu, HI 96813

2. Hours earned at out-of-state pharmacies.

To receive credit for work experience gained out-of-state, the applicant must be eligible to work in that state as an intern and shall have either the state board of pharmacy submit verification of the hours of practical experience recorded by that state board, or have the employer submit a notarized statement of employment which reflects the applicant's employment dates, hours worked, and the name, license number and signature of the supervising pharmacist.

<b>PART I. TO BE COMPLETED BY APPLICANT &amp; SUPERVISING PHARMACIST.</b>			
Name of applicant (First-Middle-LAST)		Name of Supervisor (First-Middle-LAST)	License No. PH-
Effective Date of Pharmacy Intern Permit	Pharmacy Intern Permit	Name of Pharmacy	License No. PHY-
Date Practical Experience (Mo.-Day-Year) Began:	Total Hours	Address of Pharmacy	
Ending:			
Certification Signatures. This is to certify that the above applicant worked under the immediate supervision of the above-named pharmacist selling drugs, filling prescriptions, preparing pharmaceutical preparations and keeping records and making reports required under state and federal statutes.			
_____ Signature of Applicant		_____ Signature of Supervisor	
Date		Date	

<b>PART II. TO BE COMPLETED BY BOARD ONLY.</b>	
Information in the above statement indicates experience acceptable to the Hawaii State Board of Pharmacy as internship training.	
_____ Date	_____ Executive Officer Board of Pharmacy State of Hawaii